

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Cooke, Jesse, K.		
LOBBYIST FIRM/EMPLOYER (if applicable) Uluono Initiative		TELEPHONE (808)544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL jcooke@uluono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uluono Initiative		TELEPHONE 544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL info@uluono.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY☒ Business & Economic Development☐ Community Services☐ Customer Services☒ Culture & Arts☒ Housing☒ Public Works, Infrastructure & Sustainability☒ Parks & Recreation☒ Public Health, Safety & Welfare☒ Tourism☒ Transportation☒ Zoning & Planning☐ Specific Legislation:☐ Additional Sheet(s) Attached

Bill No. _____ (Year) _____

Reso No. _____

Admin. Rule No. _____

Dept. _____

☐ Other (indicate below): _____**PART IV LOBBYIST CERTIFICATION***I hereby certify that the foregoing statements are true and correct.*

LOBBYIST SIGNATURE

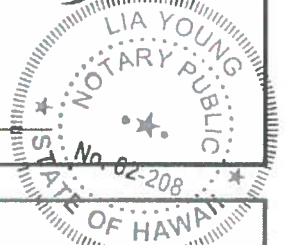
DATE

Subscribed and sworn to before me

This 30th day of January, 2020.By: Lia Young

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

May 12, 2022**PART V AUTHORIZATION TO LOBBY**

NAME

Murray Clay

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President

NAME OF ORGANIZATION (if applicable)

Ulupono Initiative

TELEPHONE

544-8960

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1202

FAX

EMAIL

mclay@ulupono.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)

 Doc. Date: 1/30/2020 # Pages: 2
 Lia Young
 Doc. Description: 2020 Registration
